



*CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF HUMAN RESOURCE MANAGEMENT
EMPLOYEE RECOGNITION NOMINATION FORM*

Name of Nominee(s): _____

Division/Branch: _____

A. I am nominating the subject employee for the following award:

- Customer Focus Award (for demonstration of exceptional customer focus, i.e. the employee or team continually relates to coworkers and the public in a positive manner)
- Team Player Award (for demonstration of exceptional teamwork, i.e. the employee or team has voluntarily provided assistance to coworkers outside own immediate work area)
- Edison Award (for demonstration of initiative, i.e. the employee or team has found ways to improve job functions or processes and implemented them or has demonstrated ingenuity, creativity, and/or extraordinary resourcefulness in accomplishing responsibilities)
- 110% Award (for voluntarily going above and beyond defined duties, i.e. the employee or team has completed a special task or project of substantial importance to the Office or Cabinet)

B. Please provide a narrative which fully describes the reason(s) you feel this employee or team has earned this award, including specific demonstrations of exceptional work performance and how that performance relates to the mission, vision, and values of OHRM.

Mission	To provide the tools, training, and leadership to develop and support an outstanding workforce.
Vision	To be a recognized leader in state government in providing personnel services.
Values	Integrity, Customer Focus, Responsible Management, Teamwork, Continuous Improvement, Dedication, and Respect for Diversity.

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